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21 May 2003

From: Commanding Officer, Naval Hospital Bremerton  
To: All Ships and Stations, Puget Sound  
  
Subj: HEALTH CARE CONSUMER COUNCIL MEETING MINUTES OF  
6 MARCH 2003

Encl: (1) Attendance Roster

The Health Care Consumer Council (HCCC), chaired by Mr. Terry Roberts, Director for Healthcare Support, met at 1000, 6 March 2003, in the Naval Hospital Bremerton (NHB) Ross Auditorium with CAPT David Misisco, Acting Commanding Officer, Naval Hospital Bremerton presiding. Enclosure (1) lists attendees.

Mr. Roberts welcomed those attending and stated the next HCCC meeting would be held on 5 June 2003, at 1000 in Ross Auditorium.

Mr. Roberts asked everyone to review the minutes of the previous meeting; there were no additions, deletions or corrections.

Mr. Roberts informed everyone a lot has happened since the last HCCC meeting: Fleet Hospital 8 (FH8) had received deployment orders and a significant number of staff departed; the CO will be transferring in June; and the new CO will be CAPT Bill Roberts.

Mr. Roberts reminded everyone of OPSEC (Operational Security) and requested everyone utilize it in their dealings and conversations concerning NHB. He stated that threat condition is also governed by OPSEC and patients will not be able to contact NHB and receive threat condition updates via telephone. He stated that NHB's normal practice is to notify beneficiaries in writing when the provider they are enrolled to changes; however, with the state of the world and deployments as they are, immediate notification will not be made, but NHB will try to maintain continuity in patient visits with their physician as best we can. He indicated that conditions will hopefully smooth out within 30 to 120 days. He indicated that NHB has received over 100 Reservists as backfill for deployed staff.

Mr. Roberts introduced CAPT Misisco, Acting Commanding Officer. He indicated that most of the Reservists will be here for

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approximately a year, and they will become familiar faces to the beneficiaries.

Mr. Roberts stated with the deployment of some of FH8, NHB is working to limit the number of services that may have to be reduced and is working with reserve liaison. Contacting services is also another option being explored. The hospital is currently operating 15 inpatient beds on the ward along with two ICU beds. At times it will be necessary for the Emergency Room to go on divert due to current limitation of beds and operating rooms. He stated the impact of this action will be some patients may have co-payments for care received in the civilian network. Active duty military and their dependents will not, for the most part; retirees and their dependents will; and those enrolled in Bremerton Plus or TRICARE Plus will if they are not enrolled into Medicare Part B. He stated the command would be meeting shortly to discuss how to disseminate the potential impact so no one gets caught off guard.

Operating under THREATCon Delta severely restricts access to the hospital. Only patients requiring emergent and urgent care will be allowed to enter the base. Routine and wellness visits would not be available and access to the pharmacy will also be severely limited. He stated there are contingency plans for pharmacy access.

Mr. Roberts stated for the time being NHB has closed down enrollment to all incoming active duty family members and all retirees. He stated the reason behind this is because when NHB enrolls someone they expect to be provided a full range of services with access and continuity, which may not be possible with FH8 deployed and personnel coming and going. He stated if a family already has an enrolled relationship with NHB and they have an addition to their family such as a newborn or adopted child, the child will be enrolled as part of NHB's commitment to Family Centered Care.

Mr. Roberts stated the enrollment policy for pediatrics will be to continue to enroll all pediatric patients. However, during this present period of restricted availability of in-patient care, NHB will not be able to provide in-patient pediatric care.

In response to a question concerning civilian care of active duty personnel, Mr. Roberts stated NHB will continue to provide

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full services to all active duty personnel, and will continue to provide a full scope of services for Obstetrics.

Mr. Roberts introduced Mr. Dahl, Retired Affairs Officer, who is part of the hospital's Customer Relations Program. In response to a question from Mr. Dahl, Mr. Roberts explained under current circumstances NHB is unable to enroll any retirees but the retirees will be able to enroll into the civilian network. If the retiree is Medicare eligible, then it would be strongly recommended they be enrolled in Medicare Part B to take advantage of TRICARE For Life benefits.

In response to a question concerning "...how will beneficiaries know when the hospital has returned to normal operations," Mr. Roberts stated the information would be passed through message traffic, *The Navigator* and other forms of media.

3. Mr. Roberts introduced CDR Stephanie Simon, Department Head for the Pharmacy.

CDR Simon stated she had placed some brochures on the table relating to the Pharmacy: One, a Pharmacy brochure that has general information about Pharmacy services; two, the TRICARE Mail-order Pharmacy Beneficiary Guide; three, the Over-the-Counter Medication Request.

CDR Simon stated, as of yet, Pharmacy services have not changed and are still full-service. She stated, however, if NHB does go into THREATCon Delta, the Pharmacy does have contingency plans to continue providing services. She stated one option would be to provide re-fill prescription pickup only at a location in Jackson Park Elementary School. She stated there would be signs indicating the location, Security would notify people at the gate, and this service would be after hours, approximately 1500 to 1800. She reiterated this site will not take new prescriptions and it will be a delivery site for re-fill prescriptions only. She stated, as far as new prescriptions, you have the same options as now: You can take a new prescription out in town or use the TRICARE Mail Order. She gave an example of someone seeing a provider today and being given a new prescription, which is entered into CHCS, but before they could get to the pharmacy to pick it up the base is secured. She stated that individual could then go to most pharmacies out in town and the pharmacist could contact the pharmacy at NHB and fill the prescription.

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CDR Simon stated NHB Pharmacy will soon be starting a re-fill clinic where NHB has taken the top 200 most commonly prescribed maintenance drugs for chronic conditions and the beneficiary will be able to call their primary care manager if on your last re-fill and need a renewal. The pharmacist would then contact the patient by phone and could re-fill those medications meeting criteria for up to six months.

In response to a question, CDR Simon explained that if a prescription is written, either in town or on base and the base is secured, you will need to take it out in town to be filled, and there will be a co-pay, unless you're active duty. CDR Simon stated NHB would prefer beneficiaries have their prescriptions filled here at our Pharmacy than out in town because it is much more cost effective for the Navy and the individual.

CDR Simon stated NHB Pharmacy currently has an Over-the-Counter (OTC) Program available at the re-fill satellite. She stated there is an orange box as you drive in that has a form you can fill out to request medication re-fills. She stated the form does not have a list of medications on it but that by Federal regulations the Pharmacy is allowed to dispense medications for short-term, one-treatment therapy, for minor conditions. She stated some of the medications would include, but are not limited to, the following trade or generic name medications: Tylenol®, Ibuprofen, aspirin, saline nose spray, Sudafed® tablets, Actifed® tablets, Dimetapp syrup®, Robitussin®, Tolnaftate cream, Hydrocortisone cream, Calamine lotion, Kaopectate, Bacitracin ointment and Maalox.

**Question:** Will active duty have a co-pay for prescriptions and, if so, do they pay up front, or does the Navy get billed?

**Answer (CDR Simon):** Active duty will have no out-of-pocket cost, but you will need to use a network pharmacy. To find out who and where the network pharmacies in town are, you may visit or call the TRICARE Service Center (1-800-404-2042, Press 2) or go on-line to [www.hnfs.net](http://www.hnfs.net), go to provider, and then to civilian pharmacy for a list of pharmacies in your zip code area.

**Question:** Can I get a prescription from the VA filled at NHB? It says "VA only."

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**Answer (CDR Simon):** You cannot transfer a prescription from the VA to NHB but you can bring a new prescription from the VA and have it filled at NHB.

4. Mr. Roberts introduced Ms. Janet Mano, Health Promotions.

Ms. Mano asked, "When you think about the health of the beneficiaries HCCC attendees are here to represent, what is their health condition?" She stated that in these hectic times the overall healthcare needs are just as important as ever. She stated we also know that our daily choices have more effect on our health than anything else. She stated she wants everyone to know there are many resources available at NHB to help support everyone's health needs. She stated Health Promotions would love to support any groups or commands not deploying that may need assistance with their health needs. She stated Health Promotions follows a monthly theme to ensure they cover all the main topics that are important to healthcare. She stated the monthly themes for the upcoming quarter are: March is Natural Nutrition Month; April is Cancer Awareness Month; and May is Mental Health Month. There are brochures included in the handouts concerning each theme. Health Promotions Department has posters, display items; they can do a health fair, lectures, or interactive groups surrounding any or all of these themes.

Ms. Mano stated one area she wanted to address briefly is a cancer that people don't think much about because it's not in the headlines. She stated this cancer is the second leading cause of cancer-deaths in America: Colon cancer. She stated that the exciting thing about colon cancer is that the screening is also the cure. She stated when they screen for colon cancer and find polyps, they are removed before they turn bad. Colon cancer screening should begin at age 50.

Ms. Mano stated there would be a men's open-house on 23 April.

Mr. Roberts asked the council if there were any other agenda items or format they would like to see; there was no response. He asked the council to please contact us if there was something special they would like to have covered.

5. Mr. Dahl, Retired Affairs Officer, indicated his office is now open five days a week at the old Chief's Club at Naval Base Bremerton.

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6. My point of contact for these minutes in the Healthcare Support Directorate is Mr. Hank Rose, Code 08S, at (360) 475-4365.

T. D. ROBERTS  
By direction